

2123/86

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application No.	09/276,883
		Filing Date	March 26, 1999
		First Named Inventor	Charles Clavadetscher
		Art Unit	2123
		Examiner Name	Hugh M. Jones
Total Number of Pages in This Submission	175	Attorney Docket Number	80398P163

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input checked="" type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Proprietary Information
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	<div style="border: 1px solid black; padding: 5px;">Seven (7) citations</div>
<input checked="" type="checkbox"/> PTO/SB/08	<input type="checkbox"/> CD, Number of CD(s)	
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input type="checkbox"/> Remarks	
<input type="checkbox"/> Basic Filing Fee		
<input type="checkbox"/> Declaration/POA		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

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MAR 15 2004

Technology Center 2100

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	James Henry, Reg. No. 41,064 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	March 8, 2004

CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Typed or printed name	Pat Sullivan	Date	March 8, 2004
Signature			

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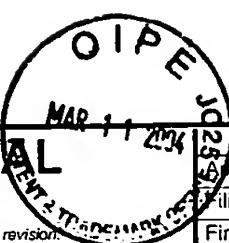
FEE TRANSMITTAL for FY 2004

Effective 10/01/2004. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$)

110.00



Complete if Known

Technology Center 2100

Application Number	09/276,883
Filing Date	March 26, 1999
First Named Inventor	Charles Clavadetscher
Examiner Name	Hugh M. Jones
Art Unit	2123
Attorney Docket No.	80398P163

METHOD OF PAYMENT (check all that apply)

Check Credit card Money Order Other None

 Deposit AccountDeposit Account Number **02-2666**Deposit Account Name **Blakely, Sokoloff, Taylor & Zafman LLP**

The Commissioner is authorized to: (check all that apply)

- Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) or underpayment of fees as required under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee Code	(\\$)	(\\$)
1001	2001	385 Utility filing fee	
1002	2002	170 Design filing fee	
1003	2003	265 Plant filing fee	
1004	2004	385 Reissue filing fee	
1005	2005	80 Provisional filing fee	
SUBTOTAL (1)		(\$)	

2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
96	96*	= 0 X 18.00 = \$0.00	
Independent Claims	18	= 0 X 86.00 = \$0.00	

Multiple Dependent

Large Entity	Small Entity	Fee Description		
Fee Code	Fee Code	(\\$)		
1202	2202	9 Claims in excess of 20		
1201	2201	43 Independent claims in excess of 3		
1203	2203	145 Multiple Dependent claim, if not paid		
1204	2204	43 **Reissue independent claims over original patent		
1205	2205	9 **Reissue claims in excess of 20 and over original patent		
SUBTOTAL (2)		(\$)		0.00

*or number previously paid, if greater. For Reissues, see below

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee Code	(\\$)	(\\$)
1051	130	2051 65 Surcharge - late filing fee or oath	
1052	50	2052 25 Surcharge - late provisional filing fee or cover sheet	
1804	920*	2053 130 Non-English specification 1812 2,520 For filing a request for ex parte reexamination 1804 920* Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805 1,840* Requesting publication of SIR after Examiner action	
1251	110	2251 55 Extension for reply within first month	
1252	420	2252 210 Extension for reply within second month	
1253	950	2253 475 Extension for reply within third month	
1254	1,480	2254 740 Extension for reply within fourth month	
1255	1,210	2255 605 Extension for reply within fifth month	
1404	330	2401 165 Notice of Appeal	
1402	330	2402 165 Filing a brief in support of an appeal	
1403	290	2403 145 Request for oral hearing	
1451	1,510	2451 1,510 Petition to institute a public use proceeding	
1452	110	2452 55 Petition to revive - unavoidable	
1453	1,330	2453 665 Petition to revive - unintentional	
1501	1,330	2501 665 Utility issue fee (or reissue)	
1502	480	2502 240 Design issue fee	
1503	640	2503 320 Plant issue fee	
1460	130	2460 130 Petitions to the Commissioner	
1807	50	1807 50 Prosessing fee under 37 CFR 1.17(q)	
1806	180	1806 180 Submission of Information Disclosure Stmt	
1809	770	8021 40 Recording each patent assignment per property (times number of properties)	
1810	770	1809 385 Filing a submission after final rejection (37 CFR § 1.129(a))	
1801	770	2810 385 For each additional invention to be examined (37 CFR § 1.129(b))	
1802	900	1801 385 Request for Continued Examination (RCE)	
Other fee (specify)			

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)

110.00

Complete (if applicable)

Name (Print/Type)	James Henry	Registration No. (Attorney/Agent)	41,064	Telephone	(714) 557-3800
Signature				Date	03/08/04

Based on PTO/SB/17 (10-03) as modified by Blakely, Sokoloff, Taylor & Zafman (wtr) 02/10/2004.
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450